	Eastern Regional Advisory Committee (RAC) Meeting September 16, 2008 Minutes 9:00 a.m. - 12:00 p.m. Chesapeake Community College	
Agenda Item	**Discussion**	**Decisions/Follow-up**
Welcome & Introductions • Introduction of Staff • Review of May's Meeting Minutes • Review of May's Evaluation	• Tim Meagher, Co-Chair, welcomed everyone to the meeting. • Introductions occurred. • Mary Yancey explained the sign in sheets. • Tim Meagher reviewed the May RAC meeting minutes and today's agenda. • Tim Meagher reviewed the evaluations from the May meeting.	N/A
CDC's HIV Incidence Estimate	• Leigh Carels introduced the slideshow HIV Incidence Estimate and the impact that these numbers are having on the country. She explained the mission of the Maryland AIDS Administration and explained what incidence really means. Leigh then moved on to the actual numbers and new cases of HIV each year. The CDC's New HIV Incidence presentation is located inside the packet.	N/A
Meeting Framework • Overview of RAC • Meeting Purpose	• Mary Yancey explained the purpose of the RAC and its meetings. She also introduced an informational sheet describing the steps the RAC takes in HIV Community Planning (found in packet).	N/A
Recruitment Brainstorming • Summary of Responses from May Meeting **Recruitment Brochure** • Brochure Content • Recruitment Commitment	• Dionna Robinson reviewed the May Brainstorming session on who was missing from the RAC meetings. Some of those groups were: faith-based organizations, primary care physicians, political leaders, CTR staff, as well as more clients are all people who would benefit from these meetings. • Dionna Robinson also described the RAC brochure and spoke about the information attendees can find in the brochure. Mary Yancey explained the importance of passing out the brochures to others not attending the meetings. • Tim Meagher spoke about the importance of recruitment and offered help contacting the right people in the organization to outreach to the community and to potential recruits.	N/A
Community Dialogue • Process Description • Small Group Facilitators	• Glenn Clark presented highlights from the 2005 Statewide Coordinated Statement of Need. The presentation described the importance of community involvement and the benefits from the input to the organizations as well as overall goals and outreach. • Carmi Washington-Flood divided attendees into four groups to discuss the trends, barriers and gaps and solutions for the following topics: Case Management, Medical Care, Prevention, and Substance Abuse	N/A

	• Results found in grid below	
Wrap Up • Completing Evals • Announcements	• Tim Meagher asked if there were any questions or comments about today's meeting. He also reviewed some of the upcoming events. • Carmi Washington-Flood announced planned activities for World AIDS Day hosted by the AIDS Administration in Baltimore City. This year the AIDS Administration is inviting community members to participate in submissions for the memorial quilt. • Announcements were made. • Tom encouraged all the attendees to vote and he also made some important announcements about the upcoming AIDS conference in Fort Lauderdale, FL. • Tim Meagher encouraged everyone to use the index cards in their folders to comment on the lack of dental and mental health services • Karen Bellesky from Chase Braxton Health Services announced that Beth Ruly, RN will be leaving CBHS on December 5, 2008. They are looking for a CRNP and/or FP and MA to fill the position. 300 Talbot Sr, Easton, MD 21601. She also announced that they are expanding back to 3 MD's in October (15th or so). • Next meeting will be October 28, 2008 at Chesapeake College, 9 a.m. – 12 p.m.	Evaluation results will be shared in the future.

Childcare Payment Requests: 0
Travel Expense Requests: 2
Meeting Attendance: 35

Eastern RAC community input

<u>Case Management</u>

Trends

- Loads increased
- Greater needs of clients
- Requirements
- Population changes-older, pregnant teens
- Turnover is high among Case Management– Lack of Case Management due to budget cuts
- Position is vulnerable due to budget cuts
- Contractual positions lack benefits
- Client demographics changing: more males, younger Men Who Have Sex with Men (MSM)
- Small Latin, Hispanic populations with language barriers
- Decrease in level of services to be provided to clients

- Staff turnover due to funding
- Funding changes for services i.e. emergency services
- Change in a focus for services
- Transportation limited to days
- Unchanged, high turnover, high case loads
- Longer-term case managers improve services, Case Managers work to meet client needs
- Role is not a good "fit" for nurses

Case Management - Continued

- Nurses cost more that Social Workers
- Trainings for Case Managers are helpful
- Positive Self Management Program is helpful to clients

Barriers/Gaps

- Transportation assistance has improved, but still needs exist
- Long bus rides, wait times make an appointment an all day affair
- Can't help with transportation for other client problems, i.e. lung disease
- CM benefited positions cost more and may reduce money going directly to client services i.e. transportation
- Differences in how different counties count service units
- Transportation to sub specialty services is very difficult to provide to clients
- Positive clinic change was a smooth transition – location changed to new site
- Client empowerment has evolved with expectations of services – because of disease – what to expect
- Positive Self Management Program– client responsibility
- More staff time allocated to HIV clients – divided between many other programs – i.e. 25% time
- Transportation limitations by county
- Transportation – Cost of Gas, Money
- Geographical differences
- Work loads
- Turnover
- Funding – delegation of funds
- Transportation is a barrier to support services
- Case Managers are under paid – contributes to turnover

Positives

- Consumer/client support groups
- Numbers have been decreasing PSM (positive self management)

What's working well:

- Coordination, networking among Case Managers
- Stability among some Case Manager is beneficial to clients

- Information available to clients is beneficial

Solutions:

- Have people donate time to talk to clients
- More funding for Case Managers
- Funding for transportation

Substance Abuse

(Not) Working:

- Still a need for cultural competency and sensitivity training
- Same-no progress with substance abuse
- Transportation is not working
- Availability of drug increase in rural areas & a lack of programs

Substance Abuse- Continued

Trends/Populations:

- (Possible change in type of drug)
- Increase in youth
- Increase in older population as well

Barriers/Gaps:

- Transportation
- Don't show up to appointments
- No change in populations or trends
- Prescription drug increase
- Lack of employment
- Not able to get addiction's appointment due to history of non-compliance
- Need – willingness of treatment centers to see non-compliant patients
- Lack of education and integrated approach
- Budget cuts-limited slots for placement
- Residential treatment centers-waiting lists
- Many restrictions to programs
- No gaps have decreased
- No adherence, no shows
- Lack of availability
- Using treatment centers for a place to live, to keep out of jail & avoid homelessness
- Cold weather increases usage
- Testing is optional, should be mandatory
- Cycle has not been broken

- Barrier for client to make the phone call for treatment; overwhelming for them to tell story again
- Addiction services have decreased (intensive outpatient treatment, IOP)
- Change in utilization of Buprenorphine (BUF).
  -More people want to try it
  -Lack in who can prescribe it
  -Time commitment required in the beginning

Solutions

- Keep open mind
- Empowerment-clients need to <u>want</u> to get clean and stay clean
- "Has to come from them"
- Support groups very helpful
- Testimonies helpful – gives hope
- Warwick – Near Cambridge – Substance Abuse clinic
- Need more funding/money
- Not sure if people are aware of resources - educate
- Referral to services; have a list of referral sources

<u>Substance Abuse- Continued</u>

- Availability of treatment centers
- More HIV education in general (Substance abuse centers increase)
- Increase amount of time in program (30 days not enough)
- Increase insurance availability and usage
- Education for CM's to know what may work for the clients
- Hope House is an example in Crownsville
- Long term treatment programs that works
- Provide financial assistance
- More education needed for programs; staff knowing the resources
- Have CM make initial call to addictions counselor (but centers like clients with insurance to call)
- Give enhancement/incentive to provider going through training
- Initiate the phone call – start the process
- Increase amount of addiction counselors
- CM increase
- More education to AL on the process – integrate/coordinate approach
- Need program by region
- Need a "Dan Mills" of substance abuse

- Leverage resources increase

Prevention

Trends
- Mostly the same
- Change in testing guidelines=who is paying for increased testing
- Availability of rapid testing?
- Stigma much higher in small towns

Gaps
- Lack of information – where/how to get tested (general public)
- Not enough advertisement
- What is the most appropriate place to advertise
- ? School circulation
- Lack of continuity in prevention messages
- Positives not knowing about re-infection (i.e. resistance)

Barriers
- Peer pressure
- Stigma in small towns
- County Board of Education
- Religious groups: values/morals
- Correctional system – condoms not available
- "Optional" testing

Prevention - Continued

- Lack of understanding of testing many assume they've been tested
- Positives not staying virally suppressed compliance with medications.
- Lack of trained providers
- Complacency of prevention programs-not looking for new groups to target

Solutions
- Focus on youth-condoms
- Information/condoms given at release from jails
- Work more with State Board of Education "top down"
- Opt out testing
- Creative outreach to community
- Prevention providers participating in RAC and other similar forums
- Money
- More family oriented/targeted programs/information

- National prevention plan
- More involvement with churches
- Target nontraditional testing sites ex. General Practitioner MD
- Collaboration with other health outreach (ex. Blood Pressure, Cancer screening, hepatitis outreach)
- Work closely with county addiction programs
- Expand rapid testing

Successes

- Prevention for positives
- Marketing on BET & others "wrap it up"
- More visibility on popular TV/movies
- Cecil County-collaboration with Hep B & C outreach

Medical Care

Stigma

- Collaboration & Communication has improved
- Confidentiality, sensitivity and cultural competency have improved
- Infectious Disease Providers in rural areas improved but problem still exists
- Few providers = No Choice
- Client's lack of knowledge about services
- Clients can research where to get services
- General public not aware of services
- Some side effects of HIV not dealt with adequately by providers
- Might be due to lack of funding
- Can be based on experience of case manager
- Primary care doctors are not knowledgeable about HIV (Q&A Care)
- Primary care providers unaware of HIV/AIDS services
- Lack of coordination between HIV providers and PCP

Medical Care - Continued

- Still exists (unchanged)
- Collaboration & Communication between service providers has improved
- Confidentiality, sensitivity and cultural competency have improved (Positive Self Management Program & support group had a positive impact)
- Lack of Infectious Disease providers in rural area + Chase Brexton
- Providers identified as Infectious Disease providers, but not experienced in HIV care = decrease quality of care

- Clients may be required to go to designated Infectious Disease provider who lacks experience. (Medical Assistance transportation rules designate where clients must go for care, regardless of experience)
- Clients lack of knowledge of services had improved is high (Positive Self Management Program)
- General public lack awareness of services
- Increase training for Infectious Disease providers (offer CME's-Continuing Medical Education)
- Still the same level of an issue – African American focus, i.e. Attempt to reach out to church and shut out
- Assumptions about the risk behavior
- Collaboration with providers, i.e. Specialty clinic – Chase
- …… has made confidentiality better
- Mobility of client can still receive services
- Geographical differences in services
- Client knowledge of services needs improvement – what is available
- Still there. Probably not to go away. Related to disease

Collaboration

1. Problems with Pneumocystis Carnii Pneumonia (PCP) and specialists. Lack of knowledge of PCP to get patients/referral for specialists
2. Pharmacists – local is good
3. Patients with higher medical issues than HIV. – having all specialists talking is difficult
4. Labs, consult notes do not get to everyone

Confidentiality

- Still an issue: in community; medical care – a few mistakes have been made
- Sensitivity/cultural competency
- Client knowledge of services – improved; those in care. Word of mouth
- General Public – low; available but not a priority

Anonymous responses taken from the Index Cards

- Lack of dental services Caroline County
- Case Manager– Additional funding in rural areas as this Case Manager manages all aspects of care including mental health, transportation, et. No other resources in the area
- Case Manager – Funding for more transportation
- Transportation – More funding for drivers
- Dental services – urgent dental clinic (Salisbury closed)
- Dental care and mental health care lacking
- Dental care mental health care availability is poor
- Need more dental providers on Eastern Shore

- Lack of providers for dental services on the Eastern Shore that take Medical Assistance or work with the community. TLC has lost a dentist
- Need dental care services and mental health services. Access and availability is worse.
- Availability of dental and mental health services is almost non-existent. Having local providers would be the best, but transportation to providers across the bay would help in the interim. Need a "Chase Braxton" for dental and mental health services.
- Solutions: Allow more discretion with use of transportation funds.
    - To go to support services
    - To go to non HIV-related medical services if essential to client care!
    - To go to HIV provider other than the one designated by Medical Assistance transportation!
- Solution: Medical care Primary care doc – Education
- Primary HIV Care – Increased funding to support infectious disease specialists to come to Shore
- Prevention – More Education
- Prevention – Ads in all papers re: where to get tested
- Increase funding for case management staff